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EQUICOR Healthcare Survey - V

A SURVEY OF HOSPITAL PATIENTS AND OTHER HEAVY USERS OF HEALTH CARE SERVICES

Conducted

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INTRODUCTION

The bulk of the nation's health care costs are incurred by a relatively small minority of people. The great majority of Americans are fit and healthy, and do not incur substantial health care costs in any one year. However, previous research on American's attitudes to, use of, and satisfaction with health care services has generally been based on surveys of the total population (or of all employees or of all HMO members). Studies of cost management policies and of alternative delivery systems have also usually been of the total population, or of all employees.

This survey focuses exclusively on non-institutionalized adults who use the health care system most often—the 12% of adults who are hospitalized in a 12 month period, and a further 6% of all adults who are not hospitalized, but who visit a doctor on 10 or more occasions in a year. This report uses the term "heavy users" to describe this 18% of the adult population.

The study of these "heavy users" of health care services must be central to any study of health care policy. These are the people who use most of the available services, and who incur most of the costs. They are, presumably, the people who know most about health care services and health insurance. Any policy which seeks to change the behavior of health care consumers must change the behavior of the heavy users. Cost management policies will work only if they control the costs these people generate. And these are the people who will be hurt first, and hardest, by any policy which reduces access to, or the quality of, care.

The purpose of this survey is to provide a profile of these heavy users of health care services: an understanding of who they are; their behaviors with regard to health care; how they are served by health care providers; how their health care services are paid for; how they have reacted to changes in the financing of health care; how they feel about a range of specific cost management policies; and who among them is failing to get the health care services which they need.

The survey also looks at the future potential for enrolling these heavy users of health care services in health maintenance organizations (HMOs) and preferred provider organizations (PPOs); at the prevalence of stress in this population; and at the incidence of various risk factors and preventive behaviors.

The overall objective of this survey is to provide both policy makers in the public sector and corporate decision makers with information relevant to the design of future health insurance programs and health plans. The survey examines ways to manage the high cost of providing health care services to those who use them the most—without preventing or inhibiting them from getting the services they need, and without provoking a backlash from employees or voters.

EQUICOR Healthcare Survey V is the fifth survey conducted by Louis Harris and Associates on health care cost management for EQUICOR (formerly The Equitable Group and Health Insurance Company).

- **The Equitable Healthcare Survey: Options for Controlling Costs,** which provided a detailed assessment of the attitudes of the American public, employers, unions, hospital administrators, health insurance executives, and the elected leaders of physicians' organizations to a wide range of health care cost containment policies. This survey was conducted and published in 1983.

- **The Equitable Healthcare Survey II: Physicians' Attitudes Toward Cost Containment,** which surveyed the views of a national cross section of physicians on the same issues, was conducted and published in 1984.

- **The Equitable Health Care Survey III: Corporate Initiatives and Employee Attitudes on Cost Containment,** published in June 1985, was the first detailed study of how corporations had fared in their efforts to contain employee health care costs; how employees had reacted to change in their health care benefits; how acceptable they found these changes; and how their use of health care services had been affected by these changes.

- **The Equitable Health Care Survey IV,** published in November 1985, measured the incidence of flexible benefit plans, the experiences of employers and employees, and the prospect for the further use of flexible benefit plan options.

This new survey is based on 1,515 interviews: 966 with people who have been hospitalized at least once in the previous 12 months, and 548 people who have not been hospitalized, but who have visited a doctor 10 or more times in the year. In order to locate and interview these people, the Harris firm screened a total of some 8,400 individuals in approximately 3,900 households nationwide.

This survey is limited to people who could be interviewed in their own homes. There are, therefore, two important categories of heavy users of health care services who are not covered by this survey—people who die while they are still in the hospital, or soon after they leave, and those who are permanently institutionalized.

The interviewing was conducted during May and June, 1986.

Note on the Tables

Percentages in the tables may not add to 100% because of rounding or the acceptance of multiple responses.

Acknowledgements

Louis Harris and Associates is indebted to EQUICOR for making this research possible. The help of James Glynn and Karen Krett is gratefully acknowledged. They made important contributions to the design of the study, and the development of the questionnaire.

Final responsibility for the design and implementation of the survey, and for the findings and conclusions contained in this report, rests with Louis Harris and Associates.

SURVEY HIGHLIGHTS

This summary provides an overview of the results of the survey. There are many findings described in the report which are not summarized here. Interested readers are urged to examine the full report for these findings, and the more detailed analysis of the results.

1. **Heavy users of health care services are a diverse and heterogeneous group.** They include people in all demographic groups, people who suffer from a wide variety of different conditions, people who are hospitalized for many different reasons, and people with all types of health insurance.

   The conditions affecting the largest numbers of heavy users of health care services are, in order of prevalence, hypertension, heart disease, accidents, and diabetes. In addition, maternity is a major cause of hospitalization, and the use of health care services for women.

   The most common reasons for hospitalization are child birth, heart disease, accidents, cancer, and obstetric and gynecological conditions.

   Two-thirds (69%) of heavy users are covered by group health insurance through their work or union. Substantial numbers are also covered by Medicare (25%) and Medicaid (7%), while 5% have no health insurance.

2. **Heavy users of health care services express high levels of satisfaction with the services that they use.** They are more likely to be very satisfied than are adult Americans generally. They are overwhelmingly satisfied with their ability to see a doctor when necessary, and with the quality of their doctors. The great majority are satisfied with their health insurance, and with the quality of their hospital care.

   A smaller, but substantial, 60% majority are satisfied with the out-of-pocket costs of their care, while one-third are dissatisfied.

3. **Two-thirds of those who were hospitalized say they were completely satisfied with their last hospital stay.** Only 7% say they are not at all satisfied. Medicare patients are the most likely to say they were completely satisfied with their hospital stay. However, satisfaction is lower among those whose health is only fair or poor, those with no health insurance, and Medicaid patients.

   Satisfaction among those hospitalized is highest with the quality of care provided by doctors, the quality of nursing, and with rooms and facilities. Satisfaction is lower with out-of-pocket costs, and with the quality of food.

4. **Patients and members of their families are just as likely as are doctors to choose the hospitals which patients use.** Older patients tend to be more likely to let their doctors choose the hospitals to which they are admitted, while younger patients are more likely to make these decisions themselves.

   It is evident that hospital marketing plans must target not only physicians, as they have in the past, but also the general public.

5. **The most important criteria for choosing a hospital are the hospital's reputation for providing quality care, the hospital's location, and the previous experience of patients at the hospital.** Cost is seldom an important criterion. Very few patients shop around to compare hospital prices.

6. **There is very little price sensitivity or shopping around on the basis of price, for either doctors or hospitals services.** Only 1 in 10 heavy users say that they chose their doctors because their fees were lower than those of other doctors; and only 5% of those who chose their hospitals say that cost was the most important criterion.

It seems that real price competition between health care providers is much more likely to result from the selective buying of physician and hospital services (through PPOs or other competitive bidding situations), than it is from consumer behavior.

7. **The great majority of hospital patients say that they were hospitalized for about the right amount of time. However, the size of the group who believe they were discharged too soon (12%) is large enough to cause concern.** Most of those who say that their hospital stay was too short report adverse consequences: for example, that they got worse or are still sick. Hospital patients from households with incomes of $15,000 a year or less, especially those on Medicaid, are more likely to say that they were discharged too soon, than are those with higher incomes.

8. **Only just over one-third of all heavy users of health care services mind a great deal if they have to see doctors they don't know. Less than one-third say that they mind a great deal if they are treated by medically trained nurse practitioners or physicians' assistants, when doctors are not available.** These findings suggest two things: that health care providers have considerable latitude in terms of who patients see; and that with some patients substantial economies may be possible through the use of lower cost health care professionals.

9. **There would appear to be potential in some health plans, but not in others, for increased cost-sharing.** Some health plans seem to have little or no cost-sharing. The replies of those whose cost-sharing has increased, indicate that it is possible to increase co-payments and deductibles somewhat without any substantial adverse effects on beneficiaries. However, some health plans have already increased cost-sharing to, or even beyond, the point where it begins to annoy beneficiaries, or create financial problems for them, or have an adverse effect on their health.

10. **Heavy users of health care services have many and very different types of health insurance and health plans.** They also have widely differing levels of deductibles and co-payments. And while 46% say that their health plans have changed a great deal or somewhat, the same number say that their plans have changed not much or not at all.

11. **Most heavy users of health care services whose health plans have changed, report that the changes made to their plans over the last three years are at least somewhat acceptable.** However, 21% say that the changes are not very acceptable and 11% say that they are not at all acceptable.
Heavy users are much more critical of the changes made to their plans than were corporate employees in the 1985 Equitable Health Care Survey III. Heavy users of health care services have apparently been more adversely affected by changes in health plans than have other people.

12. **A 50-35% plurality of heavy users of health care services think it was necessary to make changes in their plans in order to get health care costs under control.** This recognition of the need to take steps to manage rising health care costs is undoubtedly a potent factor in winning the acceptance of changes from so many people—even when these involve increased cost-sharing and other constraints.

13. **Approximately one-half of all heavy users of health care services say they pay a larger proportion of their health care costs than they did three years ago.** Given the speed of change in health plans, it is surprising that this figure is not higher.

14. **A modest majority of those who pay a larger proportion of their health care costs today than they did three years ago, report that this increase in cost-sharing is acceptable.** However, 41% say that it is unacceptable. Those in the lowest income group, and Medicaid patients are the most likely to find these changes very unacceptable.

15. **But substantial majorities of heavy users say that further increases in co-payments and deductibles are unacceptable.** These negative opinions are strikingly different from the replies given to the same question by a cross-section of corporate employees in the 1985 Equitable Health Care Survey. III. Increased cost-sharing is viewed much more critically by heavy users of health care services (who are the most affected), than it is by light users and non-users.

16. **A majority of heavy users also regard the policy of prior approval before admission to hospitals for non-emergency treatment as unacceptable.** Heavy users are much less willing to accept this change than are corporate employees generally.

17. **Heavy users are willing to accept many other changes.** Sizable majorities find it acceptable to have to get **second opinions,** or to be offered an **HMO option** in their health plan. Very large majorities find it acceptable to be required to participate in a **wellness program,** or to be offered a **disability case management program.**

18. **The survey indicates two of the easiest ways for employers and government health plans to manage heavy users' costs are to increase the number of heavy users who join HMOs and PPOs. It would be possible to greatly expand HMO membership among heavy users.** For every person who is already an HMO member, there is another who is very interested in joining, and almost three others who are somewhat interested in doing so.

    While interest in joining HMOs is already high, it could be greatly expanded if HMOs are linked to patients' own physicians, or to the hospitals of their choice. The expansion of HMO membership would appear to be one of the easiest ways for employers, Medicare, and Medicaid to manage the health care of their beneficiaries and, therefore, to control their health care costs.

19. **The prospect for the growth of PPO membership is almost as great as it is for HMOs,** even though this is a much newer form of health care delivery. And, as with HMOs, potential PPO membership increases very substantially when heavy users are offered the option to continue using the doctors and hospitals of their choice.

20. **The overwhelming majority of heavy users feel that they obtain all the health care services that they need.** Only 7% said that they failed to obtain care that they needed in the previous twelve months. The two most common reasons why people fail to get needed health care services are that the services cost too much, or that they do not have adequate insurance.

    Failure to obtain needed care is highest among those without health insurance (16%), and those on Medicaid (16%). It is also higher than average among those with household incomes of $15,000 a year or less, those who are disabled, and those whose health status is only fair or poor.

    This question was asked of this population for the first time. Therefore, the results do not indicate an increase or decrease in the number of people failing to get needed care as a result of changes in the financing or delivery of health care services.

21. **Increased cost-sharing is having at least some effect on the behavior of health care customers, even if there is still very little comparison shopping on the basis of price.** It seems likely that the reported changes in behavior include the reduced use of health care services by some heavy users.

22. **One-half of all heavy users say that illness has caused them financial problems in the last year, and 18% say that these were major financial problems.**

23. **Stress appears to be a significant cause of health problems among heavy users, and apparently contributes substantially to health care utilization and costs.** One-quarter of heavy users say that they have had health problems in the past year which were caused by stress; and 12% of heavy users say that there have been days when they were completely unable to perform their daily routines because of stress-related health problems.

The median number of days when these people could not perform their daily routines was 18. The economic and social consequences of stress-related health problems are clearly considerable.

The poor, those on Medicaid, and those without health insurance lose more days through stress-related health problems, than do those with private sector insurance, Medicare, or higher incomes.

CHAPTER 1:
WHO ARE THE HEAVY USERS OF HEALTH CARE SERVICES?

A Profile of Heavy Users

Heavy users of health care services differ from the population as a whole in a number of important ways. There are over twice as many female heavy users (69%) as males (31%). Heavy users are also older as a group than is the population as a whole. Heavy users have worse health status, and are more likely to be disabled. They are also somewhat more likely to be single, and slightly more likely to be covered by Medicare, than is the public generally.

On the other hand, they are very similar to the population as a whole in terms of income levels. Almost identical proportions of both groups fall into in each income bracket shown in Table 1. Like the public generally, about two-thirds (69%) are covered by health plans provided by employers or unions. One quarter of heavy users are covered by Medicare and 7% by Medicaid. Five percent of all heavy users have no health insurance.

Observations:

1. *Perhaps the most surprising findings in this profile of heavy users are that there is so little difference by age from the whole population; and that so many heavy users of health care services are to be found among the young and middle-aged.*

2. *People who have spent 11 or more days in hospital are, unsurprisingly, those with the worst health status. They are more likely to be disabled than are other heavy users. They are also older and poorer than are other heavy users.*

Table 1-1

PROFILE OF HEAVY USERS OF HEALTH CARE SERVICES

	All Heavy Users	Number of Nights in Hospital					Non-Maternity Heavy Users	All Adults* (Total Public)
		0	1-2	3-5	6-10	11 or More		
Base	1514	548	236	291	223	198	1338	(Varies)
	%	%	%	%	%	%	%	%
Sex								
Male	31	30	22	26	37	46	35	47
Female	69	70	78	74	63	53	65	54
Age								
18-29 years	23	19	36	30	16	14	18	29
30-39 years	23	27	27	25	14	13	20	21
40-49 years	14	14	13	15	12	14	15	13
50-64 years	20	20	14	14	28	29	23	20
65 and over	20	20	9	16	28	30	23	17
Household Income								
$15,000 or less	31	34	24	25	28	41	32	32
$15,001 to $25,000	19	18	22	18	19	15	18	20
$25,001 to $35,000	19	19	17	23	17	16	18	15
$35,001 to $50,000	14	13	19	14	11	11	13	14
$50,001 or more	10	10	13	10	11	7	11	12
Health Status								
Excellent	27	20	44	40	21	15	22	44
Good	41	45	39	42	38	35	43	46
Fair or poor	31	34	17	18	40	50	35	10
Disabled								
Yes	28	31	12	16	31	52	31	15
No	72	69	88	84	67	48	68	85

(Continued)

Table 1-1 (Continued)

PROFILE OF HEAVY USERS OF HEALTH CARE SERVICES

	All Heavy Users	Number of Nights in Hospital					Non-Maternity Heavy Users	All Adults* (Total Public)
		0	1-2	3-5	6-10	11 or More		
Base	1514	548	236	291	223	198	1338	(Varies)
	%	%	%	%	%	%	%	%
Number of Nights in Hospital in Last Year								
0	36	100					41	88
1-2	16		100				13	3
3-5	19			100			15	4
6-10	15				100		16	3
11 or more	13					100	14	2
Health Insurance								
Through work or union	69	68	73	74	70	60	64	68
Through self, family or group	40	40	37	37	42	46	36	46
Medicare A or B	25	24	13	20	32	41	27	20
Medicaid	7	8	6	4	7	8	7	6
No health insurance	5	5	7	4	5	5	5	5
Sources of Care								
Have usual source of care	85	84	85	85	88	88	85	88
Have one personal physician	76	73					76	80
Marital Status								
Single	14	17	13	11	11	16	15	22
Married	64	57	75	77	62	57	62	58
Divorced/separated	10	23	8	6	11	9	10	11
Widowed	11	13	4	5	16	17	13	9

*Notes: (1) Some of these tables add to less than 100% because of "not sure" responses and refusals.

(2) The "All public" data come not from this survey but from a variety of other Harris surveys.

Incidence of Various Diseases and Conditions

Half (49%) of all non-maternity heavy users suffered from at least one of these diseases or conditions during the past 12 months: heart disease, stroke, hypertension, diabetes, liver disease, or an accident requiring hospitalization.

One-quarter (26%) of **all** heavy users of health care services suffered from hypertension during the previous 12 months, nearly twice as many as those suffering from any other specific condition. However, large numbers of heavy users have suffered from heart disease, or have been the victims of accidents or injuries requiring hospitalization, or have diabetes. In addition, 18% of all the female heavy users of health care services had given birth in the previous twelve months.

All of these conditions are highly correlated with age. The incidence of heart disease, stroke, hypertension, and diabetes increases with each successive age group. However, accidents are somewhat more common among those under 50 than among those over 50.

The relationship with age is most dramatic when the disease conditions are combined. Heavy users over 65 are almost three times as likely to suffer from one of these conditions as are those under 30. And these older heavy users are about nine times as likely as are those under 30, to suffer from two or more diseases.

Table 1-2

INCIDENCE OF VARIOUS CONDITIONS

Q.: During the last 12 months have you ... ?

		Age					Non-Maternity Heavy Users
	Total	18-29 Years	30-39 Years	40-49 Years	50-65 Years	65 and Over	
Base	1514	342	341	209	307	304	1338
	%	%	%	%	%	%	%
Had heart disease or heart condition	14	3	5	12	22	30	16
Had a stroke	2	*	1	1	3	5	2
Had high blood pressure or hypertension	26	9	13	25	43	43	28
Had diabetes	9	2	3	9	14	16	10
Had cirrhosis or liver disease	1	1	1	*	2	1	1
Had an accident or injury requiring one or more nights in a hospital	11	13	13	12	7	8	12
All who had at least one condition	45	25	30	48	59	67	49
All who had two or more conditions	14	3	4	11	26	28	16
Women Only	(1040)	(268)	(245)	(129)	(193)	(197)	
	%	%	%	%	%	%	
Had a child	18	44	28	4	1	*	*

*Less than 0.5%

CHAPTER 2: SATISFACTION WITH HEALTH CARE SERVICES

Overall Satisfaction With Health Care Services

Heavy users of health care services are more likely to be very satisfied with the services which they use than are adult Americans generally. Fully 50% of heavy users say they are very satisfied with their health care services, as compared with only 36% of all adult Americans. The proportions who are dissatisfied with their health care services are virtually identical among heavy users (15%) and all adults (16%).

In general, levels of satisfaction are highest among heavy users who are in excellent health. Satisfaction is much lower among those whose health is only fair or poor. It is also significantly higher among those heavy users who have a regular source of care, than it is among those who do not have a regular source of care.

Differences in satisfaction between those with different types of health plans are insignificant.

Table 2-1

OVERALL SATISFACTION WITH HEALTH CARE SERVICES

Q.: Overall, how do you feel about the health care services that you have used in the last few years? Would you say you are very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied?

		Health Status			Have Usual Source of Care		
	Total	Excellent	Good	or Poor	Yes	No	All Adults*
	1514	412	623	471	1290	224	1004
	%	%	%	%	%	%	%
Very satisfied	50	59	49	42	51	39	36
Somewhat satisfied	33	27	36	35	33	37	46
Somewhat dissatisfied	10	8	10	12	10	12	11
Very dissatisfied	5	4	4	8	5	7	5
Not sure	2	1	1	3	1	5	3

*Source for "All adults": Harris Survey for Kaiser Family Foundation, 1984

Satisfaction With Various Aspects of Health Care Services

Only relatively small minorities of heavy users of health care services are dissatisfied with five different aspects of their health care services. They are overwhelmingly satisfied with their ability to see a doctor when necessary (90%), and with the quality of their doctors (89%). The great majority are satisfied with their health insurance or health plan (74%) and with the quality of their hospital care (82%). A smaller, but still substantial, 60% majority is satisfied with the out-of-pocket costs of their care, while one-third (34%) are dissatisfied.

On each of these measures, heavy users are more satisfied—and on most criteria, substantially more satisfied—than are adult Americans generally.

Observation:

1. *Policy makers and health care providers have every reason to be pleased with these findings. It is important and reassuring to find that those who use health care services the most are overwhelmingly satisfied with those services, and are more satisfied than those who use them less often.*

2. *However, the higher level of dissatisfaction with out-of-pocket costs should be noted, and tracked as more cost management policies take effect in the near future.*

Table 2-2

SATISFACTION WITH VARIOUS ASPECTS OF HEALTH CARE SERVICES

Q.: I will mention various elements of the health care services that are available to you. Please say for each one whether you are very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied with that service.

	Total Heavy Users	All Adults*
Base	1514	1004
	%	%
Your ability to see a doctor when needed		
Very satisfied	66	48
Somewhat satisfied	24	32
Somewhat/very dissatisfied	9	19
The quality of doctors		
Very satisfied	63	50
Somewhat satisfied	26	34
Somewhat/very dissatisfied	10	15
Your health insurance or health plan		
Very satisfied	46	N/A
Somewhat satisfied	28	N/A
Somewhat/very dissatisfied	19	N/A
The quality of hospital care		
Very satisfied	54	41
Somewhat satisfied	28	32
Somewhat/very dissatisfied	11	19
The out-of-pocket cost to you — that is, what is not paid by insurance		
Very satisfied	33	26
Somewhat satisfied	27	28
Somewhat/very dissatisfied	34	45

Note: "Not sure" and "don't use" responses omitted.

*Source of "All adults" data: Harris Survey for Kaiser Family Foundation, 1984

CHAPTER 3:

HOSPITALIZATION: REASONS FOR, AND SATISFACTION WITH, HOSPITAL STAYS

Reasons for Hospitalization

Table 3.1 provides a detailed list of the main reasons for hospitalization. It also shows the large differences between men and women and between young, middle aged, and older people. The list illustrates very clearly the diveristy of this population.

The most common reasons for hospitalization among those heavy users who were eligible for the survey are child birth, heart disease, accidents, cancer, and obstetric and gynecological conditions.* Heart disease and various kinds of accidents are the main causes of hospitalization among heavy users who were hospitalized for reasons other than giving birth.

*Note: Heavy users who died or are permanently institutionalized were excluded from the survey.

Table 3-1

MAIN REASON FOR HOSPITALIZATION

Q.: What were the main disease(s), sickness(es), or condition(s) for which you were hospitalized?

		Sex		Age				
	Total	Male	Female	18-29 Years	30-39 Years	40-49 Years	50-64 Years	65 and Over
Base	966	308	658	236	195	132	200	193
	%	%	%	%	%	%	%	%
Birth	18	N/A	26	44	35	2	-	-
Heart disease	11	17	8	*	2	10	23	20
Accident - other	6	11	4	6	10	10	4	3
Cancer	5	3	5	1	2	5	7	9
OB/Gyn problems	5	-	7	6	7	7	4	-
Accident - automobile	3	6	2	6	3	1	3	1
Kidney problems	3	4	2	2	4	6	2	1
Respiratory problems	3	2	4	3	2	3	4	6
Stroke	2	2	1	-	1	1	3	5
Accident - home	2	2	3	2	1	4	2	5
Diabetes	2	1	2	*	1	3	3	3
High blood pressure	2	3	1	-	1	2	5	3
Back problems	2	3	1	2	2	2	3	1
Gall bladder problems	2	2	2	2	1	2	3	2
Hernia	2	3	1	*	2	3	3	2
Prostate problems	1	3	*	-	-	-	2	4
Lung problems	1	2	1	1	1	1	1	3
Bladder problems	1	1	2	1	1	1	2	3
Eye problems	1	1	1	*	-	2	2	2
Hip problems	1	1	1	-	-	1	2	3
Ulcers	1	2	*	*	1	1	3	1
Appendix/appendectomy	1	1	1	3	1	1	1	-
Arthritis	1	*	2	-	-	1	2	3
Mental/psychological problems	1	1	2	2	2	2	1	1
Tests	1	1	2	-	2	2	3	1
Liver disease	*	-	*	-	-	-	-	1
Headaches	*	-	1	*	1	1	-	-
Tonsilitis	*	*	*	1	-	1	-	-
Other	5	-	7	6	7	7	4	-
Not sure/not diagnosed	6	2	8	7	8	11	6	1
Percent hospitalized for various types of accidents	11	19	9	14	14	15	9	9

*Less than 0.5%

Satisfaction With Last Hospital Stay

Two-thirds of those who were hospitalized say they were completely satisfied with their last hospital stay. Only 7% say they were not at all satisfied.

Those now in excellent health tend to be more satisfied than those whose health is only fair or poor. Those with a usual source of care tend to be more satisfied than those who do not have a regular source. Medicare patients are the most likely to express complete satisfaction.

Satisfaction is lowest among those with no health insurance, and is also somewhat lower among Medicaid patients, and patients who do not get involved in discussing treatments with their doctors. Dissatisfaction is almost twice as high among those not involved in discussing treatments (11%) as it is among those who do get involved (6%).

Observation:

The correlation between health status and satisfaction is suggestive but not conclusive. It strongly suggests that those with satisfactory outcomes to their hospitalization are more likely to be completely satisfied than are those with unsatisfactory outcomes.

Table 3-2

OVERALL SATISFACTION WITH LAST HOSPITALIZATION

Q.: The last time you were in the hospital overnight, were you completely satisfied, somewhat satisfied, or not at all satisfied with the hospital stay, overall?

		Health Status			Have Usual Source of Care		Get Involved in Discussing Treatments		Type of Health Insurance				
	Total	Excellent	Good	Fair or Poor	Yes	No/ Not Sure	Yes	No	Through Work or Union	Through Self, Family or Other Group	Medicare	Medicaid	No Health Insurance
Base	966	300	374	287	830	136	735	222	675	389	246	60	51
	%	%	%	%	%	%	%	%	%	%	%	%	%
Completely satisfied	65	69	67	57	66	55	64	66	64	65	71	62	53
Somewhat satisfied	27	25	27	29	27	31	29	21	29	27	22	25	24
Not at all satisfied	7	4	6	12	7	10	6	11	6	8	7	13	18
Not sure	1	1	*	1	*	4	1	2	1	1	1	-	6

*Less than 0.5%

Satisfaction With Various Aspects of Hospital Care

Seventy percent or more of those recently hospitalized say they are somewhat or very satisfied with each of six different aspects of hospital care. However, the levels of satisfaction vary a great deal. Approximately 70% of those hospitalized are very satisfied with the quality of care provided by doctors, the quality of nursing, and their rooms and facilities. But a much lower 48% are very satisfied with their out-of-pocket costs, and 42% are very satisfied with their food and meals.

There are some interesting demographic differences in levels of satisfaction with different aspects of health care. For example, satisfaction with out-of-pocket costs is much lower in the South (41%) than it is in the West (51%) and East (54%). Satisfaction with out-of-pocket costs also increases with age—41% among those aged 18-29, compared to 54% among those aged 65 and over. Female heavy users express higher satisfaction with their doctors (75%) than males do (69%). However, none of these differences really change the overall pattern of differences in satisfaction with various aspects of hospitalization among all heavy users.*

*These differences are not shown in a table.

Table 3-3

SATISFACTION WITH VARIOUS ASPECTS OF LAST HOSPITALIZATION

Q.: (The last time you were in the hospital overnight) how satisfied were you with (READ EACH ITEM)—very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied?

Base 966		Very Satisfied	Somewhat Satisfied	Somewhat Dis-satisfied	Very Dis-satisfied	Not Sure
The quality of care provided by doctors	%	73	18	5	3	1
The quality of nursing	%	69	21	5	4	1
The rooms and facilities	%	71	22	4	3	*
The food and meals	%	42	33	11	10	3
Your insurance coverage for the hospital bill	%	57	20	7	8	7
The out-of-pocket cost to you — that is, what was not paid for by insurance	%	48	22	11	12	7

*Less than 0.5%

CHAPTER 4:

HOW HOSPITALS ARE CHOSEN

Who Chooses the Hospital

Until recently, it was widely assumed that doctors, not patients, determined the choice of hospital; and that if patients wished to be admitted to a particular hospital, the only way in which they could do this was to choose a doctor affiliated with the hospital of their choice.

The results of this survey reveal that the doctor chooses the hospital for less than half of those who are hospitalized. Only 43% of those hospitalized said that their doctor made the choice alone; a further 6% said that the decision was made jointly by the doctor and the patient. Patients and members of their families are just as likely as are doctors, to choose the hospitals to which patients are admitted.

The tendency to let the doctor choose the hospital increases steadily with age, from 34% among those aged 18-29 to 47% among those aged 65 and over. Medicare and Medicaid patients, who are mostly older as a group, are also more likely to let doctors choose their hospitals, than are those with private sector insurance.

Observations:

These findings have very important implications for the marketing of hospital services. Hospital marketing plans must target not only physicians, as they have in the past, but also the public.

Table 4-1

WHO CHOSE HOSPITAL USED

Q. The last time you were in a hospital overnight who chose the hospital? Was it your doctor, or was it you or another family member, or was it someone else?

		Age					Type of Health Insurance				
	Total	18-29 Years	30-39 Years	40-49 Years	50-64 Years	65 and Over	Through Work or Union	Through Self, Family or Other Group	Medicare	Medicaid	No Health Insurance
Base	966 %	236 %	195 %	132 %	200 %	193 %	675 %	389 %	246 %	60 %	51 %
Doctor	43	37	43	43	47	49	44	45	49	52	47
Patient or other family member	42	46	46	40	42	36	40	42	39	38	43
Both doctor and patient	6	6	6	7	7	6	7	6	6	3	4
Both doctor and other family member	*	*	*	2	*	1	*	1	*	*	2
Someone else	3	7	2	4	2	2	4	3	2	5	*
No decision/not applicable	4	3	4	5	3	5	4	3	4	2	*
Not sure	*	*	*	*	*	2	*	1	1	*	4

*Less than 0.5%

Criteria for Choosing Between Hospitals

A hospital's reputation for providing quality care is the principle criterion used in choosing hospitals. Seventy-four percent of heavy users say that a hospital's reputation is a very important criteria when they choose hospitals. Also considered very important by large majorities of patients are the hospital's location, 58%, (presumably close to the patient's home), and the previous experience of patients at that hospital, 58%. All three of these factors are much more important than the out-of-pocket cost of using the hospital, which only 38% of patients singled out as a very important factor in their choice-making.

When patients were asked to name the **most** important criterion in their choice-making, the criteria fall in the same rank order, with 41% citing reputation as most important, and only 5% naming out-of-pocket costs.

There are some differences in the pattern of replies to this question by age and by income. Patients over 65 are more likely to emphasize the hospital's location than are those under 65. Those in the higher income groups are much less likely than other people, to give out-of-pocket costs as the most important reason for choosing a hospital. However, it is striking that no more than 8% of even those with household incomes of $15,000 or less say that out-of-pocket cost is the single most important reason for choosing a hospital. (But half (50%) of those in this lowest income group do consider out-of-pocket costs **very** important, compared to only 27% of those earning $35,000 to $50,000 and only 14% of those earning more than $50,000.*)

Observations:

1. *Obviously, very few patients shop around to compare hospital prices. If there is price competition between hospitals, it is not directed at the health care consumer. Reasons for the virtual absence of price competition presumably include the way third party payment systems reimburse patients; and possibly the absence of readily available price information, which would enable consumers to compare prices.*

2. *These data show that if price competition is to grow, it will be the buying power of the third party payers (employers, insurance companies, government, HMOs and PPOs), not that of the consumer, which will stimulate such competition—in spite of the fact that out-of-pocket costs are very important to significant numbers of lower income patients.*

* *These data are not shown in a table.*

Table 4-2

IMPORTANCE OF VARIOUS REASONS FOR CHOICE OF HOSPITALS

Base: All those who particpated in choice of hospitals they used

5d. In your choice of hospital, how important was (READ EACH ITEM IN TURN). Was it very important, somewhat important, not very important, or not at all important?

5e. And which of these was the single most important reason for choosing the hospital?

Base 475		Very Important	Somewhat Important	Not Very Important	Not at All Important	Not Applicable	Not Sure	Single Most Important*
The hospital's location	%	58	19	11	9	1	1	32
Your previous experience at that hospital	%	58	19	4	9	9	1	31
The reputation of the hospital for providing quality care	%	74	17	2	4	1	1	41
The out-of-pocket cost to you of using this hospital	%	38	22	11	20	5	4	5
Not sure								3

*Some 12% of respondents gave two answers to this question because they could not give a single most important reason

Table 4-3

MOST IMPORTANT REASON FOR CHOICE OF HOSPITALS: BY AGE AND INCOME

		Age					Household Income				
	Total	18-29 Years	30-39 Years	40-49 Years	50-64 Years	65 and Over	$15,000 or Less	$15,001 to $25,000	$25,001 to $35,000	$35,001 to $50,000	$50,001 or More
Base	464	123	98	61	95	81	124	98	69	64	45
	%	%	%	%	%	%	%	%	%	%	%
The hospital's location	32	28	34	36	26	42	35	34	30	36	27
Your previous experience at that hospital	31	33	26	26	38	31	30	38	38	20	33
The reputation of the hospital for providing quality care	41	38	44	33	44	42	39	35	36	44	47
The out-of-pocket cost to you of using this hospital	5	4	5	7	7	5	8	4	6	3	2
Don't know	3	1	1	3	5	2	1	3	1	2	2

CHAPTER 5:

LENGTH OF STAY: TOO LONG OR TOO SHORT?

Number of Nights in Hospital

The median number of nights for those hospitalized was four. However, this single number embraces the 11% who were hospitalized for only one night, and the 20% who were hospitalized for 20 or more nights during the past year.

There are some differences in the number of nights spent in the hospital by those in different income groups, sexes, age groups, and those with different types of health insurance. But these differences are not large. Those in the highest and lowest income groups tend to spend somewhat more time in the hospital than do those earning between $15,000 and $50,000. Men who are hospitalized tend to spend more nights in the hospital than do women. Patients over 50 years old tend to spend more nights in the hospital than do those under 50.

Not surprisingly, women admitted to the hospital to give birth spent many fewer nights there than did patients admitted for other reasons. A 71% majority of women admitted to have a baby stayed in the hospital between one and three nights. In contrast, a 52% majority of those admitted for other reasons stayed in the hospital six or more nights. Only 29% of this group spent one to three nights in the hospital, which reflects their poorer health status. Thus, the median number of nights for women giving birth was two, compared to a median stay of five nights for all others.

Observation:

The smaller number of nights spent in the hospital by women giving birth is an important example of how they differ from heavy users as a whole. The preponderance of heavy users are sick people, or people who have suffered injuries serious enough to require hospitalization. The maternity group enjoys a health status which resembles the general adult population more closely than does the health status of most heavy users.

Table 5-1

NUMBER OF NIGHTS HOSPITALIZED IN LAST 12 MONTHS

Q.: Altogether, how many nights did you stay in a hospital during that period, that is since (DATE ONE YEAR AGO) 1985?

	All Hospitalized	Why Hospitalized	
		Giving Birth	Other Reasons
Base	966	176	790
Number of Nights	%	%	%
1	11	7	12
2	13	31	9
3	13	33	8
4-5	17	19	17
6-10	23	7	27
11 or more	20	2	25
Median number of nights	4	2	5

Table 5-2

MEDIAN NUMBER OF NIGHTS IN HOSPITAL FOR DIFFERENT GROUPS

Q.: Altogether, how many nights did you stay in a hospital during that period, that is since (DATE ONE YEAR AGO) 1985?

	Base	Median Number of Nights
All Who Were Hospitalized	966	4
Household Income		
$15,000 or less	277	6
$15,001-$25,000	185	4
$25,001-$35,000	177	4
$35,001-$50,000	135	3
$50,001 or more	100	5
Sex		
Male	308	6
Female	658	4
Age		
18-29 years	236	3
30-39 years	195	3
40-49 years	132	4
50-64 years	200	6
65 and over	193	7
Health Insurance		
Through work or union	675	4
Through family or self	389	5
Medicare	246	7
Medicaid	60	6
No health insurance	51	4

Whether Last Hospitalization Was Too Long or Too Short

More than three out of every four hospital patients say that they were hospitalized for about the right amount of time. Those thinking that their stay was too short are found in all age groups and among those with all types of insurance. However, those in the lowest income group (15%), and those now on Medicaid (27%) are more likely than the rest of the heavy users to say that their stay was too short. Nearly twice as many in the Medicaid group as in other groups say that their stay was too short. But this finding should be taken with caution, since the size of the Medicaid group in this survey is very small.*

Observations:

1. *The size of the group who believe they were in hospital for too short a time (12%) is large enough to cause concern. However, this survey does not provide a definitive answer to the question of whether DRGs and other cost-containment mechanisms are causing more patients to be discharged "quicker and sicker" than they were in the past. This is the first national survey to ask this question, so it does not provide a measure of change over time. Furthermore, the extent to which DRGs and other cost containment mechanisms are actually in operation varies from state to state.*

   However, these results are significantly different from the answers given to an identical question asked in the 1985 Harris survey for the Commonwealth Fund, "What New Yorkers Say About Their Health Care." At that time, DRGs were not being applied by Medicare or other payers in New York. The proportions in New York saying they were discharged too soon was significantly lower in the population as a whole (7%), and among Medicare patients (4%), than it is in this survey.

2. *At the very least, this survey provides a benchmark for where things stand in 1986. If possible, it should be repeated in two or three years' time to see if DRGs and other cost-containment mechanisms significantly increase the numbers who believe themselves to have been discharged too soon.*

It should be noted that some respondents may not have had their current insurance coverage when they were hospitalized. This is particularly the case with those now eligible for Medicaid.

Table 5-3

WHETHER LAST HOSPITALIZATION WAS TOO LONG, TOO SHORT, OR ABOUT RIGHT

Q.: Do you think that the time spent in hospital the last time you were hospitalized was about right, or do you think it was too short a time, or too long a time?

		Household Income					Type of Health Insurance					Why Hospitalized	
	Total Hospitalized	$15,000 or Less	$15,001 to $25,000	$25,001 to $35,000	$35,001 to $50,000	$50,001 or More	Through Work or Union	Through Self, Family or Other Group	Medicare	Medicaid	No Health Insurance	Giving Birth	Other Reasons
Base	966	277	185	177	135	100	675	389	246	60	51	176	790
	%	%	%	%	%	%	%	%	%	%	%	%	%
About right	78	75	76	82	83	75	81	76	80	65	73	81	78
Too short	12	15	11	9	12	11	10	13	12	27	12	12	12
Too long	9	9	12	8	4	13	9	9	7	8	12	7	9
Not sure	1	1	1	-	1	1	1	1	1	-	4	-	1

Consequences of Being Discharged Too Soon

The majority of those who believe that they were discharged too soon report adverse consequences. A 59% majority of those admitted for reasons other than giving birth say that their condition got worse, or that they are still sick because they were discharged too soon. Only 18% said that there was no effect, while 3% say that the condition got better by itself after they were discharged.

Three out of every ten (32%) of those who believe they were discharged too soon report that some time in the last year they had to be readmitted to the hospital because they were still ill.

Table 5-4

CONSEQUENCES OF BEING DISCHARGED TOO SOON

Base: All those who said their last hospitalization was too short

Q. What was the **effect** on you, if any, of being sent home after too short a time? What else?

(Unprompted, spontaneous reponses)

	All Those Discharged Too Soon	Discharged Too Soon and Hospitalized for Reasons Other Than Giving Birth
Base	114	93
	%	%
Got worse, was sick longer, pain	37	42
Am still sick	18	17
Family hardship	8	5
Got better by itself	5	3
Got treatment elsewhere	2	2
Missed work/school	2	2
Financial hardship	1	1
No effect	16	18
Other	17	15
Not sure	4	4

Table 5-5

WHETHER READMITTED TO HOSPITAL AFTER DISCHARGE

Base: All those who said their last hospitalization was too short

Q. Has there been a time in the last year when you were discharged from a hospital before you were better and then **had to go back to the hospital again** because you were still ill?

	All Those Discharged Too Soon	Discharged Too Soon and Hospitalized for Reasons Other Than Giving Birth
Base	114	93
	%	%
Yes, readmitted	30	32
No, not readmitted	70	68

CHAPTER 6:
THE DOCTOR/PATIENT RELATIONSHIP: HOW STRONG? HOW SENSITIVE? AND IS IT CHANGING?

How Many Heavy Users Have One Physician

A three-fourths majority (76%) of heavy users of health care services have one personal physician. This is particularly true of those over 50. It is less common (but still the general rule) of people under 50, of Medicaid patients, and of those with no health insurance.

Observation:

1. *It is widely believed that it is beneficial to have a relationship with one particular physician. It is, therefore, encouraging that three-quarters of all heavy users have such a relationship, even if it may be desirable to increase this proportion.*

2. *However, those who have a relationship with one particular physician do not necessarily mind seeing other physicians when their regular physician is not available (see page 24 and Table 6-2).*

Table 6-1

WHETHER OR NOT HEAVY USERS HAVE ONE PERSONAL PHYSICIAN

Q : Do you have one personal physician you most often see when you need health services, several physicians at one clinic or group practice that you see, or no one physician in particular?

		Age					Type of Health Insurance				
	Total	18-29 Years	30-39 Years	40-49 Years	50-64 Years	65 and Over	Through Work or Union	Through Self, Family or Other Group	Medicare	Medicaid	No Health Insurance
Base	966	236	195	132	200	193	675	389	246	60	51
	%	%	%	%	%	%	%	%	%	%	%
Have one personal physician	76	69	72	73	83	86	76	79	83	71	73
See several physicians at one clinic or group practice	13	14	14	18	11	8	12	11	10	18	11
Do not have one particular physician	11	17	14	10	6	5	11	9	6	10	15
Not sure	*	1	*	*	*	1	*	*	1	1	1

*Less than 0.5%

How Much Heavy Users Mind Seeing Doctors Whom They Don't Know

Much has been written about the doctor-patient relationship, particularly by defenders of traditional fee-for-service care. It is, therefore, interesting to note that only just over one-third (36%) of all heavy users of health care services say that they mind a great deal if they see doctors whom they don't know.

Female heavy users are somewhat more likely than males to mind seeing an unfamiliar doctor, especially pregnant women. Patients over 65, those covered by Medicare or Medicaid, and those without health insurance, tend to mind seeing an unfamiliar doctor somewhat less than do patients under 65, and those with private sector health insurance.

Observation:

The inability of patients to see "their own doctor" has often been given as a criticism of HMOs with their own facilities. This important finding shows that for the majority of Americans this is not particularly important.

How Many Mind Seeing a Nurse-Practitioner or Physician's Assistant

Less than one-third (29%) of all heavy users say that they mind a great deal if they are treated by a medically trained nurse-practitioner or a physician's assistant, when a doctor is not available. The replies to this question are broadly similar among all age groups, and among those with all different types of health insurance.

Observation:

This finding, which may surprise some readers, suggests that substantial economies may be possible through the use of lower cost health care professionals in the treatment of some patients. However, at a time when the number of physicians is increasing, as well as the competition between them, this trend is likely to be fiercely resisted by organizations representing their interests.

Table 6-2

HOW MUCH HEAVY USERS MIND SEEING DOCTORS THEY DON'T KNOW

Q.: If the doctor or doctors you know are not available, how much do you mind seeing doctors you don't know instead—do you mind a great deal, not too much, or don't you mind at all?

		Sex		Age					Type of Health Insurance				
	Total	Male	Female	18-29 Years	30-39 Years	40-49 Years	50-64 Years	65 and Over	Through Work or Union	Through Self, Family or Other Group	Medicare	Medicaid	No Health Insurance
Base	1514	474	1040	342	341	209	307	304	1049	607	378	104	80
	%	%	%	%	%	%	%	%	%	%	%	%	%
A great deal	36	28	39	38	39	38	35	29	38	35	32	29	31
Not too much	37	37	37	41	42	35	34	33	39	34	32	35	38
Not at all	24	32	20	20	17	24	30	31	21	28	31	30	26
Not sure	3	2	3	1	1	3	2	7	2	3	5	7	5

Table 6-3
HOW MUCH HEAVY USERS MIND BEING TREATED BY NURSE-PRACTITIONERS OR PHYSICIAN'S ASSISTANTS

Q.: If your doctor were not available, how much would you mind being treated by a medically trained nurse-practitioner or physician's assistant—would you mind a great deal, not too much, or wouldn't you mind at all?

									Type of Health Insurance				
						Age							
	Total	Sex		18-29 Years	30-39 Years	40-49 Years	50-64 Years	65 and Over	Through Work or Union	Through Self, Family or Other Group	Medicare	Medicaid	No Health Insurance
		Male	Female										
Base	1514	474	1040	342	341	209	307	304	1049	607	378	104	80
	%	%	%	%	%	%	%	%	%	%	%	%	%
A great deal	29	25	31	25	29	34	32	26	29	32	29	26	24
Not too much	42	36	44	51	46	38	36	35	43	38	36	38	50
Not at all	25	34	20	22	21	22	28	29	24	25	28	32	20
Not sure	5	5	4	1	4	4	4	11	4	4	7	4	6

How Many Heavy Users Discuss Treatments With Physicians

Most heavy users of health care services participate, at least to some extent, in discussions with their physicians about their treatments or their drugs. The tendency to participate is clearly stonger among younger and more affluent patients than it is among older, or poorer patients. And those with employer-provided insurance are more likely to do this than are those with Medicare, or those with no health insurance.

Observation:

Several other surveys have reported the trend of increasing public participation in their health care. The higher levels of participation among younger Americans suggests that this trend is likely to grow in the years ahead. Most authorities who have discussed this trend believe it to be healthy.

Table 6-4

PARTICIPATION BY PATIENTS IN DISCUSSION OF THERAPIES

Q.. When you see a doctor, do you usually get involved in discussing the different treatments or drugs which you might receive, or not?

		Age					Household Income					Type of Health Insurance				
	Total	18-29 Years	30-39 Years	40-49 Years	50-64 Years	65 and Over	$15,000 or Less	$15,001 to $25,000	$25,001 to $35,000	$35,001 to $50,000	$50,001 or More	Through Work or Union	Through Self, Family or Other Group	Medicare	Medicaid	No Health Insurance
Base	1514	342	341	209	307	304	465	281	281	205	157	1049	607	378	104	80
	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Get involved	77	83	85	79	73	66	73	78	83	83	86	81	74	69	77	61
Do not get involved	22	16	14	21	26	32	26	22	16	16	13	19	25	29	23	35
Not sure	1	1	1		1	2	1	*	1	1		1	1	2		4

* Less than 0.5%

Price Sensitivity

Very few heavy users select their doctors because of competitive fees. Only one in 10 say that they chose their doctors because their fees were lower, although younger heavy users are slightly more likely to do this. And only a 16% minority of heavy users say that the fees were an important reason in their choice of physician. Those eligible for Medicaid (24%), those currently without health insurance (19%), and those in the lowest income group (21%), are more likely than are other heavy users to say that fees are important.

Observation:

These data show conclusively that even with increased cost-sharing in many health plans, most patients cannot, or do not, shop around between doctors on the basis of price. While most patients may be free to choose their doctors, there is little effective price competition at the patient level.

These findings strongly suggest that real price competition between physicians is much more likely to result from the selective buying of physician services (through PPOs, HMOs, or other competitively bid situations) by employers and other third party payers, than it is from consumer behavior. On the other hand, price elasticity would presumably increase if it were easier for consumers to determine in advance what doctors' fees for comparable services would be.

Table 6-5

HOW MANY HEAVY USERS HAVE EVER SELECTED A DOCTOR BECAUSE OF LOWER FEES

Q.: Have you ever selected a particular doctor because his or her fees were lower than another's, or haven't you?

		Age					Household Income					Type of Health Insurance				
	Total	18-29 Years	30-39 Years	40-49 Years	50-64 Years	65 and Over	$15,000 or Less	$15,001 to $25,000	$25,001 to $35,000	$35,001 to $50,000	$50,001 or More	Through Work or Union	Through Self, Family or Other Group	Medicare	Medicaid	No Health Insurance
Base	1514	342	341	209	307	304	465	281	281	205	157	1049	607	378	104	80
	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Have selected	10	13	12	11	8	4	12	9	11	5	6	9	10	6	16	16
Have not selected	89	87	87	88	91	93	86	90	88	93	94	90	89	92	79	84
Not sure	1	1	1	*	1	3	2	1	1	1	*	1	1	2	5	*

* Less than 0.5%

Table 6-6

WHETHER SIZE OF FEES ARE IMPORTANT IN CHOICE OF DOCTOR

Q.: Is the amount that you and your family pay an important reason for going to this doctor instead of some other doctor?

		Age					Household Income					Type of Health Insurance				
	Total	18-29 Years	30-39 Years	40-49 Years	50-64 Years	65 and Over	$15,000 or Less	$15,001 to $25,000	$25,001 to $35,000	$35,001 to $50,000	$50,001 or More	Through Work or Union	Through Self, Family or Other Group	Medicare	Medicaid	No Health Insurance
Base	1514	342	341	209	307	304	465	281	281	205	157	1049	607	378	104	80
	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Important reason	16	17	20	21	16	8	21	16	15	15	10	16	16	12	24	19
Not important reason	79	80	77	74	78	84	72	81	82	82	89	81	80	80	63	70
Never chose doctor (vol.)	2	1	2	2	3	2	2	1	2	1	1	1	1	2	6	5
Not sure	3	1	1	3	3	7	6	2	1	2	1	2	3	6	8	6

CHAPTER 7:
REACTIONS TO, AND THE ACCEPTABILITY OF, CHANGES IN HEALTH INSURANCE

How Much Health Plans Have Changed

Heavy users vary greatly in their reports of how much their health insurance plans have changed over the last three years. Forty-four percent say that their plans have changed a great deal or somewhat. The same proportion say that their plans have changed not much or not at all.

Observations:

1. *Because all of these people have incurred substantial health care costs, they are likely to be reasonably knowledgeable about their health plans. It is safe to conclude, therefore, that indeed some plans have changed a lot and some hardly at all, and that there is great variety in the extent of change.*

2. *Some of those reporting changes in their plans may be referring to the fact that they are now covered (or not covered) by different plans than they were two or three years earlier. This would explain why 27% of those currently without insurance say that their health insurance is a great deal or somewhat different from what it was three years before.*

Table 7-1

HOW MUCH HEALTH INSURANCE HAS CHANGED IN LAST 3 YEARS

Q.: How much has your health insurance or health plan changed over the last 3 years—a great deal, somewhat, not much, or not al all?

		Current Type of Health Insurance				
	Total	Through Work or Union	Through Self, Family or Other Group	Medi-care	Medi-caid	No Health Insur-ance
Base	1514	1049	607	378	104	80
	%	%	%	%	%	%
A great deal	24	24	24	26	22	18
Somewhat	22	24	23	20	17	9
Not much	21	22	23	23	16	6
Not at all	23	23	23	21	28	16
Not sure	5	4	5	7	10	6
Not applicable	6	3	2	3	7	45

Acceptability of Changes in Health Plans

The majority of heavy users (65%) report that the changes made to their plans are at least somewhat acceptable. However, 21% say the changes are not very acceptable and 11% say that they are not at all acceptable. It is noteworthy that men (a minority of heavy users) are more likely than women to say that the changes are not at all acceptable.

The responses to this question are much more critical than the replies given by a cross-section of corporate employees to the same question in the 1985 Equitable Health Care Survey III. In that survey, only 16% and 5% of corporate employees described the changes made to their plans as not very or not at all acceptable. Sizable majorities of almost all the employee groups analyzed in that 1985 survey—including the lowest income group and those with all types of insurance—say that the changes are acceptable.

Observation:

This is the first indication in this survey that heavy users of health care services have been more adversely affected by changes in health plans than have other people. More and stronger evidence of this follows later in the report (see Chapter 8).

Table 7-2

ACCEPTABILITY OF CHANGES IN HEALTH PLANS

Base: All those who health plan have changed a great deal or somewhat in the last 3 years

Q.: Overall, how acceptable to you have the changes been—very acceptable, somewhat acceptable, not very acceptable, or not at all acceptable?

				Household Income					Current Type of Health Insurance				
	Total	Sex		$15,000 or Less	$15,001 to $25,000	$25,001 to $35,000	$35,001 to $50,000	$50,001 or More	Through Work or Union	Through Self, Family or Other Group	Medicare	Medicaid	Corporate Employees*
		Male	Female										
Base	687	211	476	188	135	129	103	84	499	287	176	41	740
	%	%	%	%	%	%	%	%	%	%	%	%	%
Very acceptable	25	26	25	22	24	29	33	21	29	23	20	32	34
Somewhat acceptable	40	34	43	39	39	35	41	48	40	41	41	37	45
Not very acceptable	21	19	22	22	26	19	19	17	20	23	23	17	16
Not at all acceptable	11	18	8	13	10	16	6	12	10	11	11	7	5
Not sure	2	2	2	3	1		1	2	2	2	4	7	*

*Source: Equitable Health Care Survey III, 1985

Necessity of Making Changes in Health Plans

By a 50-36% plurality, heavy users of health care services think it was necessary to make changes in their plans in order to get health care costs under control.

Observation:

The widespread recognition of the need to take steps to contain rising health care costs is undoubtedly a potent factor in winning the acceptance of change from so many people—even when these changes involve increased cost-sharing.

Proportion Who Pay Larger Out-of-Pocket Costs

Approximately half of all heavy users (49%) say that they pay a larger proportion of their health costs than they did three years ago. Less than one in 10 say that they pay a smaller proportion. Those whose plans have changed a great deal or somewhat are much more likely to say that they pay more (61%), than are those who say that their plans have not changed much or at all (39%).

Observation:

The fact that so many heavy users (33%) say that they pay the same proportion today as they did three years ago may reflect reality, or a lack of awareness as to how their health plans have changed. However, there are several indications in the survey that the levels of change between different health plans vary greatly.

Table 7-3

REACTIONS TO CHANGES IN HEALTH INSURANCE

Base: All whose health plan changed a great deal or somewhat

(1) Was change necessary?

Q.. Do you think it was necessary to make changes in your health insurance plan in order to get health insurance costs under control, or not?

	Total
Base	687
	%
Was necessary	50
Was not necessary	36
Does not apply	4
Not sure	9

(2) Have out-of-pocket costs increased?

Q.. I'd like you to compare your health insurance today with your health insurance three years ago. Suppose you received the **same** medical treatment then and now. Do you think that the portion of your health care costs you must pay yourself is more today, less today, or about the same?

		Health Plan Has Changed	
	Total	Great Deal or Somewhat	Not Much/ Not at All/ Not Sure
	1514	687	827
	%	%	%
Pay more today	49	61	39
Pay less today	9	12	6
Pay about the same	33	23	42
Not applicable	6	2	10
Not sure	3	2	3

Acceptability of Increased Cost-Sharing

A modest majority of those who pay a larger proportion of their health costs today than they did three year ago, report that this increase in cost-sharing is at least somewhat acceptable. However, 41% say that it is very or somewhat unacceptable.

The proportion who say that increased cost-sharing is very unacceptable is somewhat higher among those in the lowest income group (28%), and among Medicaid patients (24%).

Table 7-4

ACCEPTABILITY OF INCREASES IN OUT-OF-POCKET COSTS

Base: All paying a larger proportion today

Q. Overall, how acceptable has this increase in your health care costs been to you—very acceptable, somewhat acceptable, somewhat unacceptable, or very unacceptable?

		Household Income					Current Type of Health Insurance					
	Total	$15,000 or Less	$15,001 to $25,000	$25,001 to $35,000	$35,001 to $50,000	$50,001 or More	Through Work or Union	Through Self, Family or Other Group	Medicare	Medicaid	No Health Insurance	Corporate Employees*
Base =	736	247	139	119	91	71	485	320	222	55	26	624
	%	%	%	%	%	%	%	%	%	%	%	%
Very acceptable	11	10	12	12	11	10	12	10	12	22	12	10
Somewhat acceptable	44	36	48	45	49	55	49	45	45	31	35	43
Somewhat unacceptable	21	21	25	23	22	21	21	20	17	18	23	30
Very unacceptable	20	28	14	18	18	14	18	21	19	24	15	16
Not sure	3	5	1	3			1	4	2	5	15	1

*Source: A very similar question in Equitable Health Care Survey III, 1985.

Effects of Increased Cost-Sharing on Consumer Behavior

There are two reasons for employers and government health care programs to increase cost-sharing. The first is to reduce the share of health care cost borne by the health care plan. The second is to seek to make the consumer a more cost-effective and price-conscious buyer of health care services (thereby, it is hoped, increasing price competition among providers).

This survey shows that increased cost-sharing is having at least some effect on the behavior of health care consumers, even if there is still very little comparison shopping on the basis of price (see Chapters 3 and 6). Nearly half (49%) of all heavy users whose cost-sharing has increased, say that it has changed the way they use health services a great deal or somewhat.

Significant numbers of those heavy users with all types of insurance, and in all income groups, report that their use of health care services has been affected by increased cost-sharing. But this is much more common among the lowest income groups, those with Medicaid, and those with no health insurance.

It is noteworthy that heavy users are more likely than are corporate employees to report that their behavior has changed a great deal as a result of increased cost sharing—25% of heavy users compared to 14% of employees.

Observation:

Given the low levels of comparison shopping, based on hospital costs or doctors' fees, it is likely that at least some of the reported changes in behavior include the reduced use of health care services, rather than the substitution of lower cost services for higher cost alternatives. This may include reductions which are broadly acceptable, as well as others which reflect reduced access to care.

Table 7-5

IMPACT OF INCREASED OUT-OF-POCKET COSTS ON USE OF HEALTH CARE SERVICES

Base: All paying a larger proportion today

Q.: How much do you think having to pay more for your health care has changed the way you and your family use health care services—a great deal, somewhat, not much, or not at all?

		Household Income					Current Type of Health Insurance					
	Total	$15,000 or Less	$15,001 to $25,000	$25,001 to $35,000	$35,001 to $50,000	$50,001 or More	Through Work or Union	Through Self, Family or Other Group	Medicare	Medicaid*	No Health Insurance*	Corporate Employees**
Base	736	247	139	119	91	71	485	320	222	55	26	624
	%	%	%	%	%	%	%	%	%	%	%	%
A great deal	24	32	22	18	11	7	19	19	18	38	50	14
Somewhat	25	25	29	24	23	25	27	25	16	24	12	27
Not much	20	20	16	21	26	20	19	21	23	24	23	25
Not at all	31	19	33	35	40	46	33	33	38	15	12	32
Too early to say/not sure	2	4	1	1	1	1	1	2	3	4	4	1

*Caution: Small samples

**Source of Corporate Employees data is Equitable Health Care Survey III, 1985

Variations on Deductibles and Co-Payments

Heavy users of health care services have health plans which vary greatly: some have small deductibles or no deductibles; some make small co-payments or no co-payments; while others share substantially in the cost of their health care services.

Observations:

1. *In reviewing the data in Table 7-6, it is necessary to note that these replies are subject to error because people do not actually know the exact size of their deductibles or co-payments. However, heavy users are more likely to be well-informed about their health plans than are people who use their health insurance less often.*

2. *That almost one-quarter of heavy users pay no deductibles or no co-payments suggests that in some health plans there is scope for more cost-sharing. On the other hand those with the highest levels of cost-sharing may be very adversely affected. Some plans may already have reached the point where cost-sharing reduces access to care, or creates substantial financial problems for heavy users.*

Table 7-6

SIZE OF DEDUCTIBLES AND COPAYMENTS

Q. Most health plans or health insurance require you to pay a deductible on doctors' bills, which is what you must pay each year before the insurance starts to pay your doctors' bills. Approximately how big a deductible do you pay for either yourself or your family?

Q. Is this deductible for you as an individual, or for your family?

Q. Most health plans or health insurance also pay only a part of each doctor's bill, with the patient paying a certain percentage of each bill. Approximately what percentage of each doctor's bill do you have to pay, which is not covered by insurance?

	Total
Base	1514
	%
Size of Deductibles for Doctors Bills	
$0	24
$1-$100	27
$101-$200	16
$201-$400	9
$401 or more	7
Not sure	12
No health insurance	5
Deductible is for	
Individual	60
Family	38
Not sure	2
Size of Copayments for Doctors Bills	
0%	23
1-15%	8
16-20%	33
21-99%	11
It depends	4
Not sure	14
No health insurance	5

CHAPTER 8:
ACCEPTABILITY OF SPECIFIC COST-MANAGEMENT POLICIES

Reactions to Ten Specific Cost-Management Policies

Heavy users were asked to react to ten specific cost-management policies. Some of these changes are acceptable to the overwhelming majority. Others are broadly unacceptable. It is noteworthy that the reactions of heavy users to these policies are substantially different from the replies given in 1985 by a sample of corporate employees.*

Substantial majorities of heavy users say that all increases in cost sharing are unacceptable. Their replies vary from the 83% who say that increased copayments are unacceptable, to the 62% who say that increased contributions to insurance premiums are not acceptable. These replies show that heavy users are much more hostile to increased cost-sharing than are employees.

One other specific policy is regarded as unacceptable by a majority of heavy users—the policy of prior approval before admission to the hospital for non-emergency treatment. Here again, heavy users are much less willing to accept change than are most employees.

While heavy users are strongly resistant to any changes which increase their out-of-pocket costs, they are willing to accept many other changes. Sizable majorities say that they find both required second opinions and the option of joining an HMO acceptable changes. Very large majorities find it acceptable to be required to participate in a wellness program, or to be offered a disability case management program. Reactions to being offered a PPO option are more mixed, although a plurality finds this acceptable.

*Source: The Equitable Health Care Survey III, 1985.

Observation:

The large differences between the replies of heavy users and those of employees, relating to cost-sharing, have a clear message for policymakers. They indicate that increased cost-sharing is viewed very critically by most heavy users of health care services (who, of course, tend to be affected much more adversely than is the rest of the population by increased deductibles and copayments).

On the other hand, the generally positive response given to the questions about HMOs and PPOs (even if these involve only offering the alternative, and do not require people to join) suggest a much more promising area for future changes in health plans.

Table 8-1

ACCEPTABILITY OF SPECIFIC POLICIES TO CONTROL HEALTH CARE COSTS

Q: Now I'd like to ask you about changes that some health insurance plans are making. Please tell me if you think each change is acceptable as a way of containing health care costs, or not. We'd be interested in your opinion even if this does not apply to your health insurance plan. (PROMPT: Is that an acceptable change, or not)?

Base: 1514	Total (Heavy Users)	Corporate Employees*
	%	%
Increasing the part of **the insurance premium** which people must pay for health insurance coverage, so that the government or **employer who is paying most of the premium pays less**		
Acceptable	28	N/A
Not acceptable	62	N/A
Increasing the deductible, which is the amount people with health insurance must pay before the plan starts to cover **their doctors bills**		
Acceptable	25	54
Not acceptable	68	45

(Continued)

Table 8-1
(Continued)

ACCEPTABILITY OF SPECIFIC POLICIES TO CONTROL HEALTH CARE COSTS

Base: 1514	Total (Heavy Users)	Corporate Employees*
	%	%
Requiring people **to pay part of the cost of each medical bill** where previously their insurance covered the whole cost of **these bills**		
Acceptable	31	53
Not acceptable	62	46
Requiring people to pay a larger part of each medical bill where previously their insurance covered the whole cost of these bills		
Acceptable	11	49
Not acceptable	83	49
Requiring people to **obtain approval from the insurance company** or health plan before admission to the hospital for non-**emergency treatment**		
Acceptable	36	53
Not acceptable	59	44
Requiring people to get a **second opinion** by a second doctor **before they have non-emergency surgery**		
Acceptable	77	68
Not acceptable	19	30
Offering people the opportunity **to join an HMO** or health maintenance organization, in which people pay a monthly fee that covers the cost of nearly all medical care, so that they do not pay a bill each time they go to a doctor or **hospital**		
Acceptable	70	70
Not acceptable	19	23
Offering people the opportunity **to use a PPO** or preferred provider organization, in which people **pay less** if they use doctors or hospitals on the list approved by the plan, but **pay more for using doctors or hospitals not on the list**		
Acceptable	49	62
Not acceptable	41	35
Requiring people to participate in **a wellness program** where people can get advice and help on how to improve their **health and prevent disease**		
Acceptable	83	N/A
Not acceptable	14	N/A
Having **a disability case management** program in which a nurse **works with disabled people to help them to return to work**		
Acceptable	92	83
Not acceptable	4	14

Notes: (1) Corporate employees from Equitable Health Care III Survey, 1985.

(2) "Not sure" responses have been omitted.

CHAPTER 9:
THE SAFETY NET: HOW MANY ARE SLIPPING THROUGH AND WHO ARE THEY?

How Many Failed to Get Needed Care and Reasons Why

The overwhelming majority of heavy users feel that they succeeded in obtaining all the health care services which they needed in the previous 12 months. Only 7% said that they failed to obtain the care they needed. However, it should be remembered that 7% of all heavy users represents more than 2 million people.

The two most common reasons why people fail to get the health care services that they need are that the services cost too much, or that they do not have adequate insurance coverage. However, there are also other reasons for failing to obtain needed care, which would not be affected by improved insurance coverage.

Observation:

The repetition of this question in a survey of the population in a few years' time would indicate whether access to care is improving or deteriorating among those who most often use health care services.

Table 9-1

WHETHER FAILED TO OBTAIN NEEDED CARE, AND REASONS FOR FAILURE

Q. Was there any time in the last year—since (DATE ONE YEAR AGO) 1985— that you needed medical help but did not get it for some reason?

	Total
Base	1514
	%
Yes, there was a time	7
No, wasn't	93

Q. What was the **main** reason that you did not get the medical help you felt you needed?

	All Who Failed to Get Medical Help
Base	111
	%
It cost too much	33
Not covered by insurance	25
Did not know a good doctor or clinic to go to	8
Could not get an appointment	5
Would have had to wait too long in the doctor's office or clinic	4
There was no easy way to get to the doctor's office or clinic	4
Couldn't find anyone to take care of the children	2
Condition not serious enough	2
Too nervous or afraid	1
Other	14
Not sure	1

Who Failed to Get Needed Care

The proportion of those who fail to obtain needed care varies somewhat among different groups. It is somewhat higher among those in the lowest income group (12%), among those whose health status is only fair or poor (12%), those who are disabled (13%), those on Medicaid (15%), and those without health insurance (16%).

It is also marginally higher among those whose health care plans have changed a great deal or somewhat in the last three years (9%), than it is among those whose plans have changed not much or not at all (6%). It is particularly high among those whose plans were changed, and who report that the changes in their plan were not very, or not at all acceptable (15%).

Table 9-2

PROFILE OF THOSE WHO FAILED TO OBTAIN NEEDED CARE

Q.: Was there any time in the last year —since (DATE ONE YEAR AGO) 1985— that you needed medical help but did not get it for some reason?

	Base	%
Total (All Heavy Users of Health Care Services)	1514	7
Sex		
Male	474	7
Female	1040	7
Age		
18-29 years	342	7
30-39 years	341	11
40-49 years	209	7
50-64 years	307	8
65 or more	304	4
Household Income		
$15,000 or less	465	12
$15,001 to $25,000	281	7
$25,001 to $35,000	281	5
$35,001 to $50,000	205	3
$50,001 or more	157	7
Health Status		
Excellent	412	4
Good	623	6
Fair or poor	471	12
Disabled		
Yes	425	13
No	1080	5
Current Health Insurance		
Through work or union	1049	6
Through family or other group	607	7
Medicare	378	5
Medicaid	104	15
No health insurance	80	16
Change in Health Plan in Last 3 Years		
A great deal or somewhat	687	9
Not much or not at all	827	6
Changes in plan were not very or not at all acceptable	220	15

Consequences of Failing to Obtain Needed Care

A majority of those who failed to obtain needed care suffered adversed consequences, in that they got worse or are still sick.

Table 9-3

CONSEQUENCES OF FAILING TO GET NEEDED CARE

Base: All who failed to obtain needed care

Q. What was the **result,** if any, of not getting the care? What else?

	Total
Base	111
	%
Got worse, was sick longer, pain	54
There was no result or effect	14
Got better by itself	11
Am still sick	8
Missed work/school	7
Got treatment elsewhere	5
Financial hardship	5
Family hardship	5
Other	5
Not sure	1

CHAPTER 10: FINANCIAL PROBLEMS CAUSED BY ILL HEALTH

Proportion Whose Illness Caused Financial Problems

Virtually one-half (49%) of all heavy users say that illness has caused them financial problems in the last year, and 18% say that these were major problems. Those with low incomes, who are disabled, or whose health is only fair or poor, are the most likely to have experienced major financial problems. A much smaller proportion of pregnant women (7%) suffered major financial problems than did all other heavy users (19%), which is perhaps because 80% of heavy users who gave birth have private sector health insurance.

Table 10-1

SERIOUSNESS OF FINANCIAL PROBLEMS CAUSED BY ILLNESS

Q. How serious a **financial** problem has illness been to you in the last year—has it been a major problem, a minor problem, or has it been no financial problem at all?

	Base	Major Problem	Minor Problem	No Problem at All
Total (All Heavy Users of Health Care Services	1514	18	31	50
Sex				
Male	474	21	28	49
Female	1040	17	33	50
Household Income				
$15,000 or less	465	31	30	36
$15,001 to 25,000	281	16	33	51
$25,001 to $35,000	281	13	39	47
$35,001 to $50,000	205	8	33	59
$50,001 or more	157	6	22	71
Disabled				
Yes	425	35	28	36
No	1080	12	33	55
Health Status				
Excellent	412	8	29	63
Good	623	14	34	52
Fair or poor	471	32	31	36
Giving Birth Versus All Others				
Giving birth	176	7	35	57
All others	1338	19	31	49

Table 10-2

WAYS IN WHICH ILLNESS HAS BEEN A MAJOR FINANCIAL PROBLEM

Base: All those for whom illness has been a major financial problem

Q.: In what way has illness been a major financial problem? (IF NEEDED: What caused the problem?)

	All With a Major Financial Problem From Illness
Base	272
	%
Had to pay lots of bills	39
Inadequate insurance coverage	22
Couldn't work, lost wages	21
No insurance	12
Big debt remaining	12
Lost job	6
Changed job	1
Other	13
Not sure	4

CHAPTER 11:
CASE MANAGEMENT SERVICES

Perceived Availability and Use of Case Management Services

Many heavy users (39%) believe that if they had a serious and expensive illness, their health insurance would provide a health care professional to help them choose the services they would need. Perceived availability of case management services is highest in the West (46%).

Nine percent of heavy users say that they have used the services of a health care professional, paid for by their health insurance plan, to help them choose the services that they need. This includes between 9% and 13% of each of the major categories of public and private insurance.

Table 11-1

AVAILABILITY AND USE OF CASE MANAGEMENT SERVICES

Q : If you had a serious and expensive illness or injury, would your health insurance plan provide you with a health care professional to help you choose the services you need, or not?

Q.: (IF "YES") Have you ever made use of such a health care professional paid for by your health insurance plan to help you choose services you need, or not?

		Current Type of Health Insurance				Region			
	Total	Through Work or Union	Through Self, Family or Other Group	Medicare	Medicaid	East	Mid-West	South	West
Base	1514	1049	607	378	104	353	413	468	280
	%	%	%	%	%	%	%	%	%
Insurance would provide	39	42	43	43	42	37	38	39	46
Insurance would not provide	38	36	34	29	36	34	36	33	31
Not sure	23	23	24	27	22	27	22	22	19
Have used a health care professional to help choose services	9	10	9	12	13	9	8	8	11

Familiarity With, and Membership in Health Maintenance Organizations

Less than one-quarter (22%) of heavy users are very familiar with health maintenance organizations and, just under one-half (47%) are very or somewhat familiar. However, more than one-third of heavy users (36%) are not at all familiar with HMOs.

The level of familiarity is somewhat higher among heavy users in 1986 than it was among all adults in 1984.* This difference undoubtedly reflects, at least in part, the growing awareness of HMOs with each passing year. It does not necessarily mean that heavy users are any more familiar with HMOs today than is the general public.

Some groups among the heavy users are more familiar with HMOs than others. The proportion who are very familiar is a little higher in the West, and a little lower in the South. It is highest among those aged 30-39, and lowest among those aged 65 and over. And it is higher among those with employer-provided insurance than it is among the rest of the heavy user population.

While HMO membership has undoubtedly been growing among heavy users, as among the population generally, as yet no more than 9% of them have joined HMOs. Membership is higher in the West (14%) and Midwest (11%) than it is in the South (6%) and East (6%).

Observation:

HMO membership among heavy users may be higher in the West but, given the overall low level of the HMO membership a few years ago, it has clearly grown in all regions of the country.

**Source: Harris survey for Kaiser Family Foundation, 1984.*

Table 12-1

FAMILIARITY WITH HMOS

Q. Before this interview, how familiar were you personally with the term "health maintenance organization," or its abbreviation "HMO"—very familiar, somewhat familiar, not too familiar, or not at all familiar?

		Region				Age					Type of Health Insurance					
	Total	East	Midwest	South	West	18-29 Years	30-39 Years	40-49 Years	50-64 Years	65 and Over	Through Work or Union	Through Self, Family or Other Group	Medicare	Medicaid	No Health Insurance	All Adults* 1984
Base	1514	353	413	468	280	342	341	209	307	304	1049	607	378	104	80	1004
	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Very familiar	22	22	23	19	25	19	34	24	21	13	26	18	14	14	15	14
Somewhat familiar	25	27	29	22	22	26	27	25	27	19	28	25	21	19	10	27
Not too familiar	17	16	16	20	15	16	13	19	17	22	16	19	22	13	13	19
Not at all familiar	36	34	31	40	37	39	26	32	35	46	30	37	43	54	61	39

*Source for "All Adults": Harris Survey for Kaiser Family Foundation, 1984

Table 12-2

HMO MEMBERSHIP

Q.: As you may know, in an HMO a monthly fee paid in advance covers nearly all of a member's health and medical care. No matter how many times a member uses them, there are no additional doctor's bills or hospital bills. However, members obtain health care **only** from a group of medical doctors who work with the HMO, and they use only the hospitals where they are referred. Are you a member of an HMO or not?

		Region				Current Type of Health Insurance			
	Total	East	Midwest	South	West	Through Work or Union	Through Self, Family or Other Group	Medicare	Medicaid
Base	1514	353	413	468	280	1049	607	378	104
	%	%	%	%	%	%	%	%	%
Yes, member	9	6	11	6	14	10	9	6	8
No, not member	89	92	87	91	84	87	88	91	87
Not sure	2	2	2	2	2	2	2	2	4

Interest in Joining HMOs

There are substantial opportunities to greatly expand HMO membership among heavy users. For every heavy user who is already a member of an HMO, there is another who is very interested in joining, and almost three others who are somewhat interested.

The level of interest in joining HMOs is more or less the same among heavy users as it was in 1984 among all adults who were eligible to join but not already members.* Given the explosive growth of HMO membership nationally—reported to be about 25% annually over the last two years—it is clear that there is a massive potential for expanding HMO membership among heavy users.

Interest in HMO membership is spread throughout all regions, all income groups, and among those with excellent, good, fair, or poor health. The main differences (and these are not very great) are between people with different types of insurance coverage. Those on Medicaid and those with no health insurance are the most likely to express an interest in HMOs, while people on Medicare are the least likely to do so. Interest also drops slightly as income increases.

Observation:

These findings indicate the tremendous potential for managing health care costs through the increased enrollment of heavy users in HMOs. Unlike increased cost-sharing and some other cost-management methods, HMO membership could grow rapidly without generating increased dissatisfaction from the public generally, or from employees.

*Ineligible non-members were **not** excluded from those questions in the heavy user survey. It is possible that the overall level of interest could increase or decrease slightly if this ineligible group had been excluded. But in no way would it substantially change the high degree of interest in joining HMO's among heavy users.*

Table 12-3

INTEREST IN JOINING AN HMO

Base: All heavy users who are not members of HMOs

Q.. From what you know now about health maintanance organizations, how interested would you be in joining an HMO—very interested, somewhat interested, hardly interested, or not at all interested?

	Heavy Users Who Are Not HMO Memebers	Non-Members Among All Adults*
Base	1382	230
	%	%
Very interested	9	8
Somewhat interested	26	32
Hardly interested	13	17
Not at all interested	46	40
Not sure	5	

*Source: Harris survey for Kaiser Family Foundation, 1984, of all adults aged 18 and over

Table 12-4

INTEREST IN JOINING AN HMO

Base: All not members of HMOs

Q: From what you know now about health maintanance organizations, how interested would you be in joining an HMO—very interested, somewhat interested, hardly interested, or not at all interested?

	Base	Very Interested	Very or Somewhat Interested
Total	1382	9	35
Region			
East	333	11	34
Midwest	368	8	36
South	439	10	38
West	242	7	33
Income			
$15,000 or less	440	11	38
$15,001 to $25,000	249	10	40
$25,001 to $35,000	253	9	37
$35,001 to $50,000	177	10	35
$50,001 or more	146	6	32
Health Status			
Excellent	371	9	37
Good	566	9	34
Fair or poor	438	10	37
Type of Health Insurance			
Through work or union	939	8	36
Through family or group	552	8	34
Medicare	356	7	27
Medicaid	96	18	41
No health insurance	78	18	46

Interest in Joining HMOs Linked to Hospital or Doctor of Choice

While interest in joining HMOs is already high in relation to current membership, it could be greatly expanded if HMOs are linked to patients' own physicians, or to the hospitals of their choice. The proportion of heavy users who say they are very interested in joining an HMO increases from 9% to 20% if the HMO is available through the hospitals of their choice; and it increases to 34% if they could continue to use their current doctors. Thus, nearly four out of ten heavy users (38%) are very interested in joining an HMO if it is available either through the hospital or doctor of their choice.

Observation:

These data demonstrate forcefully the tremendous potential for enrolling heavy users of health care services in IPAs and other HMOs which offer the use of many doctors and popular hospitals. Health providers should not underestimate the premium that heavy users place on a hospital's reputation for providing quality care, and a convenient location.

Table 12-5

HOW INTEREST IN HMO MEMBERSHIP INCREASES WHEN LINKED TO HOSPITAL OR DOCTOR OF CHOICE

Base: All not members of HMOs

Q.: From what you know now about health maintenance organizations, how interested would you be in joining an HMO—very interested, somewhat interested, hardly interested, or not at all interested?

Q.: Some hospitals are thinking of starting their own HMO's, in which members would receive their care from doctors who are on the staff of that hospital and, when necessary, be admitted to that hospital. If the hospital of your choice offered you membership in their HMO, how interested would you be in joining—very interested, somewhat interested, hardly interested, or not at all interested?

Q.: Another possibility is that the doctor you use most might join an HMO. If so, you could join this HMO, continue to use this doctor, and be admitted by him to any hospitals he would choose. If this happened, how interested would you be in joining this HMO—very interested, somewhat interested, hardly interested, or not at all interested?

	Initial Interest in Joining	Interest if Linked to Hospital of Choice	Interest if Could Continue to Use Current Doctor	Net Interest if Could Use Doctor or Hospital of Choice
Base	1382	1382	1382	1382
	%	%	%	%
Very interested	9	20	34	38
Somewhat interested	26	37	39	53
Hardly interested	13	11	7	14
Not at all interested	46	25	16	28
Not sure	5	6	4	8

CHAPTER 13: PPO MEMBERSHIP: THE POTENTIAL

Interest in Joining PPOs

Interest among heavy users in joining PPOs is almost as great as it is for HMOs, even though this is a much newer form of health care delivery.

At the time of the survey, 5% of all heavy users reported being members of PPOs. Seven percent of the remainder say that they are very interested in joining PPOs, and 28% are somewhat interested. This level of interest is spread more or less uniformly across all regions of the country, and among those with all types of health insurance.

Observation:

When one compares the responses to questions about PPOs with those about HMOs, it is clear that the restrictions which both place on patients' choices are not fundamental barriers to very rapid growth in membership. However, it should be remembered that the growth of HMOs has been fueled not only by employee and public support. Growth has also come from an increased understanding among employers that a capitation-based payment system fundamentally changes the motivation of health care providers. Discounted fee-for-service methods such as PPOs do not do so. Only time will tell if this new form of managed care, when linked to rigorous pre-admission and utilization reviews, will be as effective in containing health care costs as HMOs have proved to be.

Table 13-1

MEMBERSHIP IN PPOs

Q. A PPO or Preferred Provider Organization is a new type of organization of doctors and hospitals which provides health care services to its members at a less expensive or discounted price.

If you belong to a PPO, you pay a lower deductible and a smaller part of each doctor's bill, but only if you use a PPO doctor and are admitted to a hospital which belongs to the PPO. But if you use a doctor who is not a member of the PPO you pay more.

A member of a PPO can choose from a list of doctors and hospitals which have agreed to provide their services at a reduced cost.

Are you a member of an organization like this, or not?

	Total
Base	1514
	%
Yes, member	5
No, not member	92
Not sure	2

Table 13-2

INTEREST IN JOINING PPOs

Base: Heavy users who are not members of a PPO

Q.: How interested would you be in joining a PPO—very interested, somewhat interested, hardly interested, or not at all interested?

		Household Income					Current Type of Health Insurance				
	Total	$15,000 or Less	$15,001 to $25,000	$25,001 to $35,000	$35,001 to $50,000	$50,001 or More	Through Work or Union	Through Self, Family or Other Group	Medicare	Medicaid	No Health Insurance
Base	1432	449	271	256	188	146	982	572	369	99	77
	%	%	%	%	%	%	%	%	%	%	%
Very interested	7	8	7	5	6	5	6	8	5	6	12
Somewhat interested	28	28	31	34	26	27	30	26	20	30	30
Hardly interested	17	14	20	16	23	18	19	16	14	11	10
Not at all interested	44	44	39	41	40	47	42	45	50	44	43
Not sure	5	6	3	4	4	3	3	5	11	7	5

Interest in Joining PPOs Linked to Doctor and Hospital of Choice

Interest in joining PPOs increased dramatically when heavy users were given the option to continue to use the doctors and hospitals of their choice. The proportion who said that they were very interested tripled, from 7% to 24%, when this option was offered.

Observation:

It follows that the more doctors and hospitals which offer their services through PPOs, the more effective this concept will be, and the more membership will increase.

Table 13-3

HOW INTEREST IN JOINING A PPO INCREASES IF LINKED TO CURRENT HOSPITAL AND DOCTOR

Q.: How interested would you be in joining a PPO—very interested, somewhat interested, hardly interested, or not at all interested?

Q.: Let's say the doctor and the hospital you use most often were part of the PPO. You could continue to use them and it would cost you less to use them, but it would cost you more if you used other doctors or hospitals which were not part of the PPO. How interested would you then be in joining—very interested, somewhat interested, hardly interested, or not at all interested?

	Initial Interest in Joining	Interest if Could Continue to Use Current Doctor and Hospital
	%	%
Very interested	7	24
Somewhat interested	28	35
Hardly interested	17	12
Not at all interested	44	24
Not sure	5	4

CHAPTER 14:
STRESS:
PREVALENCE AND CONSEQUENCES

Prevalence of Stress Among Heavy Users

Heavy users of health care services experience somewhat more stress than does the public generally. Thirty-five percent of heavy users feel under great stress at least several days a week, and 19% do so almost every day (as compared with 27% and 14% of adult Americans). Heavy users aged 40-64 experience stress more frequently than do younger and older heavy users.

Observation:

This finding tends to support the hypothesis that some people use health care services more because they are under heavy stress. However, two other plausible hypotheses are that those who are sick more often suffer more stress as a consequence of their poor health, or that stress helps to cause or exacerbate illness.

How Many Take Steps to Control Stress

Seven out of every 10 heavy users say that they take active steps to try to control the stress in their lives. This figure is identical for heavy users and for the public generally.

Observation:

Despite the fact that equal proportions of heavy users and adults generally take steps to control stress, it is still more prevalent among the heavy users.

Table 14-1

PREVALENCE OF STRESS AMONG HEAVY USERS

Q. Almost all people have some **stress** in their lives, but some have a **great deal** of stress. How often do **you** feel under **great** stress—almost every day, several days a week, once or twice a week, less often than once a week, or never?

	Total	Age 18-29 Years	30-39 Years	40-49 Years	50-64 Years	65 and Over	All Adults*
Base	1514	342	341	209	307	304	1256
	%	%	%	%	%	%	%
Almost every day	19	13	20	23	25	14	14
Several days a week	16	20	21	20	10	6	13
Once or twice a week	26	32	29	25	28	16	33
Less often than once a week	26	27	24	25	25	28	30
Never	12	7	5	5	11	30	10
Not sure	1	*	1		*	5	1

*Source of "All adults" data: Harris Survey for Prevention Magazine, 1985

Table 14-2

PERCENT WHO TAKE STEPS TO CONTROL STRESS

Q. Do you consciously take steps to control or reduce the stress in your life, or not?

	Total (Heavy Users)	All Adults*
Base	1514	1256
	%	%
Yes, take steps to control stress	69	69
No, don't take steps	30	31
Not sure	1	*

*Source of "All adults" data: Harris Survey for Prevention Magazine, 1985.

Consequences of Stress

One-quarter (26%) of all heavy users say that they have had real problems in the past year which they felt were caused by stress, rather than by physical illness. This is particularly true of people aged 40 to 65, of those in only fair or poor health, and of those who are disabled. Stress-related health problems are lowest among those over 65.

Of those who have suffered stress-related health problems in the last 12 months, fully 51% report that they were completely prevented from performing their daily routines as a result of these problems. And the median number of days in which they were unable to perform their daily routine because of health problems was 18.

The number of days "lost" because of stress varies substantially within different groups:

— Middle-aged people, up to the age of 65, lost more days because of stress than did younger people; but this falls sharply after the age of 65, the usual age for retirement.

— Those in the lower income groups, particularly those in households with less than $15,000 income, lose more days through stress than do people with higher incomes.

— Those on Medicaid or who have no health insurance, lose more days through stress-related health problems than do those with private-sector insurance or Medicare.

Overall, stress clearly affects the poor, the underprivileged, and the least healthy the most.

Observations:

1. *The surprisingly large number of days in which people are unable to perform their daily routines is obviously a finding of importance. While it is not possible to completely separate ill health caused by stress and stress caused by ill health, these data strongly suggest that stress is a major cause of health problems; and that there are substantial consequences from these problems on many of those whose health is affected by stress.*

2. *The economic consequences for employers and the country as a whole are also substantial, even though the number of days when daily routines could not be performed are not all "work days." Some of the days lost are to people not working, and not all the other days are necessarily working days. The survey does not provide a measure of the number of work-days lost through stress, but it would appear to be substantial.*

Table 14-3

HEALTH CONSEQUENCES OF STRESS

Q. Have you had any health problems in the past year that you feel were caused by stress rather than physical illness?

		Age					Health Status			Limiting Disability or Health Problems	
	Total	18-29 Years	30-39 Years	40-49 Years	50-64 Years	65 and Over	Excellent	Good	Fair or Poor	Yes	No
Base	1514	342	341	209	307	304	412	623	471	425	1080
	%	%	%	%	%	%	%	%	%	%	%
Yes, have had health Problems	26	21	26	33	36	15	16	26	34	34	22
No, have not had health problems	72	78	72	63	61	81	83	72	61	62	76
Not sure	3	1	2	3	3	4	1	2	4	4	2

Table 14-4

EFFECT OF STRESS-RELATED HEALTH PROBLEMS ON DAILY LIFE

Base: All who have had stress-related health problems

Q. Did any of these problems completely prevent you from performing your daily routine for any period of time?

	All Who Have Stress-Related Problems
Base	388
	%
Completely prevented from performing daily routine	51
Not completely prevented from performing daily routine	48
Not sure	1
Median number of days prevented from performing daily routine (among those who lost days)	18

Table 14-5

NUMBER OF DAYS WHEN DAILY ROUTINE NOT PERFORMED BECAUSE OF STRESS-RELATED HEALTH PROBLEMS

Q: In total, about how many days last year were you **unable** to perform your daily routine because of health problems you feel were caused by stress rather than physical illness?

	Base	Percent of Heavy Users Losing Any Days	Median Number of Days Lost
All heavy users	1514	12%	18
Sex			
Male	474	11%	20
Female	1040	13%	15
Age			
18-29 years	342	12%	12
30-49 years	341	13%	12
40-49 years	209	14%	21
50-64 years	307	18%	29
65 and over	304	7%	17
Household Income			
$15,000 or less	465	16%	29
$15,001 to $25,000	281	13%	19
$25,001 to $35,000	281	10%	15
$35,001 to $50,000	205	11%	11
$50,001 and over	157	10%	12
Health Status			
Excellent	412	7%	15
Good	623	11%	13
Fair or poor	471	19%	27
Disabled			
Yes	425	22%	30
No	1080	9%	10
Number of Nights in Hospital in Last Year			
0	548	13%	13
1-2	236	7%	6
3-5	291	7%	9
6-10	223	16%	22
11 or more	198	19%	28
Health Insurance			
Through work or union	1049	12%	13
Through self, family or group	607	12%	21
Medicare A or B	378	10%	20
Medicaid	104	19%	26
No health insurance	80	14%	24

CHAPTER 15: LIFESTYLES AND RISK FACTORS: HEAVY USERS AND THE PUBLIC COMPARED

A Comparison Between Heavy Users and the General Public of Lifestyles and Risk Factors

There is no evidence that heavy users of health care services currently have less healthy lifestyles, or higher risk factors, than does the public generally. They are about as likely as is the general public to get regular exercise, marginally less likely to smoke, and more likely to wear seatbelts. They report a lower consumption of alcohol, and they are less likely to drink and drive.

Observations:

1. *The apparently higher level of seatbelt usage among heavy users may be a result of the one year difference in time between the two measures. The use of seatbelts has increased dramatically for each of the last several years, and is almost certainly still rising, as an increasing number of states have made this mandatory.*

2. *Harris surveys for* ***Prevention*** *Magazine have shown that there is a tendency for many people to change their behaviors and reduce their risk factors only after they have suffered a health problem. Those who are fit and healthy are often less likely to feel that they need to take regular exercise, stop smoking, or reduce their alcohol consumption or their weight. It is probable, therefore, that the responses given by some heavy users of health care services reflect these changes and that many of them had less healthy habits in the past, when they were still apparently much healthier. The challenge facing society is how to persuade those who are fit and healthy, and who do not feel themselves to be at risk, to adopt healthy behaviors and reduce their risk factors — and so reduce their chances of becoming heavy users themselves.*

Table 15-1

LIFESTYLES AND BEHAVIORS OF HEAVY USERS COMPARED TO ALL ADULTS

	Total (Heavy Users)	All Adults*
Base	1514	1256
	%	%
Get regular exercise	75	77
Smoke cigarettes	26	30
Wear seat belt all the time in front seat of car	53	41
Alcohol Consumption		
Never	43	33
3 days a month or less	36	35
1 or 2 days a week	12	19
3 days a week or more	8	12
Sometimes drink and drive	16	25
Self Reported Weight		
Underweight	10	
		53
Right weight	41	
Overweight	48	46

*Source of "All Adults" data: Harris survey for Prevention Magazine, 1985, except "Self Reported Weight," which is from Harris Survery for Pacific Mutual Insurance Company, 1978.

APPENDIX: SURVEY METHOD

Sample Design

A nationwide cross-section of 8,400 individuals in 3,900 households was screened in order to locate a representative sample of 1,514 adults who had either been hospitalized overnight in the past year, or had seen a doctor 10 or more times. The initial sample was generated by random-digit dialing, based on an unclustered sampling frame, stratified by geographic region, and by the Census Bureau's "size of place" designations.

Interviewing

All interviews were conducted by telephone, during May and June 1986, from the New York offices of Louis Harris and Associates. Respondents were interviewed at home from 5:00 p.m. to 10:00 p.m. (local time) on week nights, and from 10:00 a.m. to 10:00 p.m. (local time) on weekends.

All interviews were conducted on the Harris firm's Computer-Assisted-Telephone-Interviewing (CATI) System. This system allows data to be entered directly into a main-frame computer, as the interview is being conducted. This method also provides for superior quality control against errors.

Up to three callback attempts were made to reach all selected respondents.

Questionnaire

Copies of the questionnaire used for this survey can be obtained from Louis Harris and Associates.

Data Processing

The editing, coding, and data processing of all questionnaires were conducted by Louis Harris and Associates.

Codes were developed for responses to open-ended questions, with only those responses given by less than 0.2% of the respondents being coded as "other" responses.

Sampling Error

The table below indicates the sampling error associated with various sample sizes and the reported sample percentages, at the 95% confidence level.

REPORTED SAMPLE PERCENTAGE

Sample Size	10% or 90%	20% or 80%	30% or 70%	40% to 60%	50%
2,500	1	2	2	2	2
2,000	1	2	2	2	2
1,500	2	2	2	3	3
1,000	2	2	3	3	3
900	2	3	3	3	3
800	2	3	3	3	3
700	2	3	3	4	4
600	2	3	4	4	4
500	3	4	4	4	4
400	3	4	4	5	5
300	3	5	5	6	6
200	4	6	6	7	7
100	6	8	9	10	10
50	8	11	13	14	14

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